



# California's Health

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## CALIFORNIA'S PART IN INTERNATIONAL HEALTH

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Terrified people for centuries fled from infected areas, carrying in themselves or their possessions the evil from which they were trying to flee and seeding it into new places. And for centuries goods were taken from place to place. Not until just over a century ago were these connections between outbreaks of epidemics in one place and another recognized. The first local and national response to this news was exclusion of incoming persons and goods from infected areas, detaining ships and destroying merchandise. The evil was then known in only a general way as a great destructive force, and it was another half century before basic knowledge of the plague bacillus, the cholera vibrio and the yellow fever virus could be obtained.

### Beginnings of International Public Health

The isolated local and national reactions, sometimes capricious, sometimes coercive, led certain nations, particularly European nations depending heavily on trade, to demand regulation through international agreement. Beginning in 1851 a series of international conferences was held in Europe, and out of these grew agreements about maritime quarantine, and in 1892 the first sanitary convention. More meetings followed, and in 1902 the Americas held the first Pan-American Sanitary Conference. In the hope of achieving worldwide agreement on quarantine, the International Office of Public Health was established by participating governments, mainly European, at a convention in Rome in 1907, and it was

soon afterward provided with headquarters in Paris. Later it undertook distribution of statistics and information about epidemic diseases in its bulletin. It has been the principal agency for framing and administering international health conventions.

### League of Nations Health Organization—1923

After World War I it became apparent that administration of quarantine to prevent the spread of certain pestilential diseases between countries was a necessary but minor part of a comprehensive health program and that an organization was needed to preserve health and to control the spread of infections within as well as among member nations. In response to this new view of needs, in 1923 the Health Organization of the League of Nations came into being in Geneva. With its limited funds it did what was possible to control epidemic diseases, acted in an advisory capacity, called conferences of experts to consult with public health officials and tried to confine infections to their original epidemic points, in a sense preventing quarantine. It did what was possible to circulate statistics and information through publications and to standardize biological products.

During this period an unofficial agency, initiated in 1913 as the International Health Commission of the Rockefeller Foundation and renamed the International Health Division in 1927, concentrated its work in a few selected fields. It has explored means of helping government health departments to become more effective. When

useful new knowledge and experience in its application are acquired, the division withdraws, leaving continuation of the work to the official health authorities. To strengthen such cooperative programs and increase their prospect of permanency, the division trains professional staff for the governments through fellowships and frequently gives travel grants so that officials can compare their own health work with that of other countries. These activities and policies had their counterpart in programs of the Health Organization of the League of Nations. In the early years of the Health Organization the Rockefeller Foundation contributed financially toward certain items of its programs, realizing that the new organization and the International Health Division had many common goals.

### World Health Organization—1948

The Health Organization of the League of Nations was discontinued in 1939, and international health work was almost at a standstill at the end of World War II. Then in April, 1945, the San Francisco Conference, which created the United Nations Relief and Rehabilitation Administration, approved a joint proposal from Brazil and China that an international health organization be developed. It was to be given the task of restoring and assisting national health services dislocated by the war and of reviving the system for international exchange of information on epidemic diseases. In June, 1946, the United Nations called an international health conference in New York, and at that con-

ference the constitution of the World Health Organization was adopted and signed by representatives from 61 countries. After ratification through the signatures by 26 members, the constitution came into force in 1948 on April 7, a date now observed each year as World Health Day.

The World Health Organization is the culmination of a century of efforts toward international co-operation in health work. It inherited duties from earlier organizations and came into being when the store of knowledge of the nature of diseases and the manner and control of their spread had grown enormously; when the terror and helplessness provoked by many diseases could at last be overcome; when many diseases could be suppressed through immunization or cured through mass treatment with antimicrobial drugs; when many insect vectors were known and could be controlled; when the influence on health of social and economic factors and nutrition were being better understood. Because of all of these things the procedures of prevention were becoming more diverse, technical, and efficient. Conventional quarantine had already shrunk to appropriate proportions when WHO set out to attack communicable diseases in source areas and to develop means of breaking the vicious cycle: disease breeds poverty; poverty breeds disease.

The World Health Organization can look back with pride over 11 productive years. It has spread its benefits according to needs through villages, towns, and cities throughout the world in areas defined by the prevalence of disease rather than national boundaries. It has a working design for worldwide co-operation in aiding populations to lay foundations for their own prosperity and thus to further the objective of world peace. Its achievements outside the realm of health reflect the life and vigor of WHO.

#### International Health Year Proposed

Adlai Stevenson has suggested that the United States propose an International Medical Research and Health Year, comparable in intensity and scope to the International Geophysical Year. Such an enterprise could quicken the realization of many of the goals of WHO.

WHO has a staff of over a thousand professional people of 54 nationalities under the leadership of the director-general, Dr. M. G. Candau. There are

six regional committees which decentralize the activities of the organization and provide regional branches to meet special health needs of a given area: the Pan-American Sanitary Bureau in Washington, and the offices in Manila, New Delhi, Copenhagen, Alexandria, and Brazzaville. This is the most effective international organization ever conceived.

National health departments, each meeting its own responsibilities to its own country, also now co-operate with the departments of other nations and plot an unending war against their common enemy—disease—under the generalship of a strategy board—the World Health Organization. This is carried out according to the tradition of universality and humanitarianism of the medical sciences.

Among these national health departments the United States Public Health Service is a participant, working on its country's problems: the suppression of yellow fever, malaria, poliomyelitis, and influenza, and the creation of institutes for the study of cancer, heart disease, mental health, and other major illnesses and for the support of research. The Public Health Service has worked out a new relationship between universities, state health departments, and the federal government in support of research and development.

#### Science Saves—If Used

Certainly when one views the endless medical and public health publications and announcements it seems as though we must now know almost enough and that the need is to develop ways of applying existing knowledge. The distribution of service is still woefully ineffective. International health workers are confronted with the necessity of bringing proper proportion into all of these efforts. Many problems have been solved, and application of these solutions now constitutes one of the challenges. When this is not done sensitively in co-operation with people who know local customs and attitudes it fails. This requires judgment and imagination. Another set of challenges is recognized by the scientific worker in the field and by the official responsible for disease prevention, and still another is the fundamental investigations in teaching and research institutions. Research directed to a practical end must be kept on the highest scientific level, suitably organized, and adequately supported. It is most fruit-

ful if carried on, with international direction and assistance, in the countries offering the best opportunities for study of the diseases concerned in their natural environment. In accord with established tradition that the benefits of medical and public health discoveries are to be shared, the World Health Organization acts as a clearing house for scientific information, circulating among its members news of such matters as the use of new vaccines or the health hazards of nuclear radiation.

#### California's Contribution to World Health Facts

State and local health agencies have also been able to assist. California's participation and contributions have been notable.

One hundred ten years ago California was largely unpopulated except for a few ports and trading posts and was walled off from the rest of the United States by the almost impassable Rockies. Much of it was—some of it still is—uninhabitable because of the climate, the lack of water, or the mountainous terrain. Then in February 1848 John A. Marshall discovered gold at Coloma on the American River. In that year alone 300,000 Europeans left their homes for the land of wealth and freedom. Under the impact of the Gold Rush, by the end of 1849 the population of the State had reached 100,000.

#### Dr. Thomas Logan—First Health Officer

In January, 1850, a 75-ton schooner arrived in San Francisco, and as the medical officer and passenger of this small vessel—Dr. Thomas Muldrup Logan of South Carolina—stepped ashore, public health had its beginning in this State. In October that year Asiatic cholera, dragged across the continent by the immigrant trains, was introduced into California and at the same time it was brought in by another route by passengers on ships from Panama. Within three weeks around 1,000 people died of cholera in Sacramento, where Doctor Logan had established his practice and where a federal census, taken shortly before the epidemic, had counted a population of only 6,500. These outbreaks of cholera were the factor that precipitated the organization of medical forces to combat epidemic diseases and the later organization of the Sacramento City Board of Health and the California State Board of Health. By 1870 Dr. Logan had become a

prominent citizen, and he took advantage of this earned position to draft a bill providing for the organization of the California State Board of Health. Only six months after Massachusetts established the first state board of health in this country, California followed. Eighty-nine years ago the Legislature established the first board and empowered it to make sanitary investigations into the causes of disease, especially of epidemics, and of mortalities. The seven appointees, including Dr. Logan as secretary, were instructed to act as an advisory board on hygiene and medical matters, especially those related to public institutions, schools, prisons, and factories.

Five years after the University of California received its charter, the Regents invited Doctor Logan to accept the professorship in hygiene, the first established in the United States. The pattern of a close relationship between the State Board of Health and the university appropriately culminated in 1955 in the congenial setting of the headquarters of the State Department of Public Health just off the university campus and across the street from the School of Public Health.

In 1876 at the zenith of his career Doctor Logan died of pneumonia. And within a few years it became apparent that public health requires more than the inspiration and leadership of a single individual, more than health education through the lecture hall and the newspapers. The time was not yet right, and his sayings found no echo. The activities and the prestige of the state board diminished; in fact it almost perished.

#### Plague Shows Need for Public Health

Then another pestilence created another crisis—plague in Chinatown in San Francisco—and again revived awareness of the need for public health. Probably there is no more stirring account of the early efforts of sound public health and the opposition to it by the press, the public, public officials, and even the courts than the correspondence dealing with the plague situation, published in the Annual Report of the Supervising Surgeon General of the Marine Hospital Service of the United States for the Fiscal Year 1900. In 1901 a new board of health, with Dr. N. K. Foster as its chairman, was appointed by the Legislature, after the defeat of Governor Gage who had ignored plague.

Then public health resumed its natural course and began an uninterrupted upward phase in California. It has realized the wisdom of the words of Doctor Logan: "Service to humanity will evermore in medicine, as in all other departments of human pursuits, be the certain key to lasting honor and high reward." Californians are proud of the achievements made possible by the workers whose dedicated lives are the substance of the state and local departments of public health throughout the State. Some of these achievements have been important contributions to world health.

The George Williams Hooper Foundation, a research department of the University of California, has participated in research on some of the infectious diseases confronting health departments. Some of the appeals for assistance have come from the State Department of Health, others have been undertaken under contract with the federal health services.

#### Hooper Foundation Botulism Studies

In 1920 the California canning industry invited the State Department of Public Health to appoint a commission to learn the danger of botulism, how it arose and how it could best be prevented and overcome in the industry. These studies were begun at the Hooper Foundation, and they led to the development of certain sterilization of canned food, constantly supervised by continuous inspection of the procedure by the State. They led to the recognition that the risk exists wherever spores of Type A *Clostridium botulinum* and Type E *Clostridium parbotulinum* are prevalent in the soil. Agencies that promote better nutrition and give instruction in food preservation (especially home bottling and canning) have insisted on the use of properly calculated thermal processes, adequate pickling, acidification or other safe procedures that will entirely eliminate viable spores or prevent their germination and poison production.

#### Mussel Testing Program Started

Shellfish poisoning, which at irregular intervals sickened and even killed persons eating mussels in midsummer, was elucidated as a marine biological phenomenon. It was learned that the plankton dinoflagellate *Gonyaulax catenella* elaborates a heat-resistant nerve poison stored in the liver of the mussel. While the efforts were being made to isolate the toxin at the

Hooper Foundation, it carried on the mussel testing program. When evidence of the toxin was found it notified state health officials who then posted the areas where mussels were known to be found along the coast and notified the newspapers to inform the public against eating the mussels. This function has now been assumed by the State Department of Public Health.

#### Encephalitis Investigated

The virus of encephalitis, or sleeping sickness in horses, observed in the San Joaquin Valley in July, 1930, was first isolated at the Hooper Foundation and this virus has since been placed in the growing group of "Arbor", or arthropod-borne, viruses. Intensive studies first at the Hooper Foundation and then at the School of Public Health, during the last 28 years, have proven that the Western, Eastern and St. Louis encephalitis viruses may cause extensive summer outbreaks in many rural areas in California and in other sections of the United States. Because of their experience in the San Joaquin Valley and then in the laboratory, experts from

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the university have been called to consult with health officials in other areas when encephalitis has broken out. Whenever the climate in irrigated areas favors breeding of the virus-transmitting mosquitoes, man and horses have accidentally been included as hosts. Birds carrying the virus provide the source of virus for the mosquitoes. The investigations at the University of California have served as a model for the study of viruses isolated from mosquitoes. Mosquito control has depressed the incidence of encephalitis in man, and immunization with inactivated virus has reduced the unduly high mortality, sometimes of thousands of horses and mules.

The first isolation of *Leptospira canicola* from dogs and man in California (the so-called canicola fever) provided the foundation for more elaborate inquiries in the United States.

#### Brucellosis Vaccine Studies

In co-operation with the United States Public Health Service, field and laboratory studies in plague showed its prevalence in wild rodents in California. The university has also co-operated with the Office of Scientific Research and Development, Public Health Service, in studying active immunization against human plague and brucellosis due to exposure to goats. A highly effective vaccine, consisting of a living avirulent caprine strain, being developed in the Department of Bacteriology, may prove valuable throughout the world wherever this serious infection causes deaths or depletes the energy and food supply of the rural population.

#### Latent Psittacosis Discovered

The interests of the State Department of Public Health were served by the university in the discovery of latent psittacosis in commercially bred parakeets and then in pigeons, doves, chickens, ducks, and turkeys, and thus sources other than imported exotic cage birds. This subject has been studied both as a research problem and as a practical problem for over 25 years. This experience has provided a basis for recommendations on control of this minor, but troublesome, recurrent public health problem. Antimicrobial drugs are now being tried to free domestic and imported birds from the infection and thus to reduce the chances of accidental human infection, which has re-

### Californians Appointed Advisors To 1961 Conference on Aging

Seven Californians are among 130 outstanding citizens named by Arthur S. Flemming, Secretary of Health, Education, and Welfare, to serve on the Advisory Committee to the White House Conference on Aging. The conference, authorized by Congress and approved by President Eisenhower, is to be held in Washington, D. C., in January, 1961.

The committee membership represents business, labor, agriculture, and the professions, as well as public and private agencies and organizations directly concerned with the aging. This wide representation should assure a well-rounded plan for a concrete program of action to achieve for the Nation's expanding older population the happiness, security, and dignity associated with meaningful and productive lives.

Californians so far appointed on the committee are: Dr. Ethel Percy Andrus, Ojai, President of the American Association of Retired Persons and President of National Retired Teachers Association; Mrs. Margaret C. Brock, Los Angeles, civic leader; Dr. Hardin B. Jones, Lafayette, Associate Director of the Institute of Human Development, University of

cently shown another disagreeable rise in incidence.

California has even had experience with malaria, and a history of this has been written. The diverse measures applied since 1909 were worked out jointly by the university and the State Department of Public Health. Complete elimination of this disease has not been achieved, and scattered indigenous cases were reported in 1956, despite the high standard of living and the improved methods of mosquito control. There is no reason to assume that California has seen the last of this disease.

#### World Unity Through Medical Sciences

Representatives of official health agencies, physicians, and investigators come in substantial numbers from all parts of the world to visit California institutions and to confer with their staffs on problems of mutual interest. Peoples of the world unite more readily through the medical sciences than in any other way. The World Health Organization is evidence of this.

California at Berkeley; Mr. Louis Kuplan, Sacramento, Executive Secretary of the California Citizens Advisory Committee on Aging and Interdepartmental Committee on Aging, and also President of the Gerontological Society and President-elect of the International Association of Gerontology; Mary Pickford (Mrs. Charles "Buddy" Rogers), Beverly Hills, famed for her film roles and a founding member of the American Society for the Aged; Mrs. Charles B. Shattuck, Los Angeles, President of Shattuck and Company of Los Angeles and Past President of the National Association of Real Estate Boards; and Margaret Taylor, Berkeley, Associate Professor, University of California's School of Nursing, formerly Chief Nurse in the Branch of Health, Bureau of Indian Affairs, Department of Interior.

### Plastic Film Hazard to Infants Legislation Passed

An article on the plastic film hazard to infants which appeared in the July 15th issue carried a final paragraph saying a proposed Assembly bill requiring a printed warning on plastic bags had failed to pass in the recent session of the Legislature.

This was erroneous information. The bill (AB 2088) had passed the Senate June 18th, the Assembly June 19th, and was approved by Governor Brown July 3d. It became effective immediately.

The bill, now Chapter 1546, Statutes of 1959, is given below.

*The people of the State of California do enact as follows:*

SECTION 1. Chapter 13 (commencing at Section 22200) is added to Division 8 of the Business and Professions Code, to read:

#### CHAPTER 13. POLYETHYLENE PLASTIC MATERIALS

22200. No bag made of polyethylene plastic material thinner than 0.001 inch which is large enough to fit over a child's head shall be used, after the effective date of this chapter, by any retail store as a container for products, other than for food products weighing not more than five pounds, delivered to purchasers, or by any other retail business establishment to package articles delivered to customers, unless there is printed upon such bag, or upon a gummed label which is securely attached to such bag, in clear legible type the following: "CAUTION—KEEP AWAY FROM SMALL CHILDREN. THE THIN FILM MAY CLING TO NOSE AND MOUTH AND PREVENT BREATHING," or a similar warning that the bag is dangerous to small children.

22201. As used in this chapter, "a bag large enough to fit over a child's head" means any bag, which, when open, has an opening larger than 25 square inches or a capacity of more than 125 cubic inches.

(Continued on page 23)

## Organization Changes Announced In State Health Department

In an effort to facilitate and encourage communication between the California State Department of Public Health and the local communities, as well as for other administrative reasons, several organization changes have been instituted within the department. This reorganization is the result of a recent survey of the department together with suggestions from the local health departments.

Effective July 1, 1959, the following organization changes have been made:

The name of the Division of Local Health Service has been changed to the Division of Community Health Services. Dr. John C. Dement remains as chief of the renamed division. A new class of assistant chief has been established in that division with Dr. Wm. Allen Longshore, Jr., serving in this position. A new class of Assistant to the Chief, Division of Community Health Services has also been established with Dr. Donald Davy serving in this position.

The former Contract Services has become the Bureau of Public Health Contract Services within the Division of Community Health Services. Dr. George F. O'Brien is chief of the new bureau.

The State has been divided into three regions for co-ordinating the department's services. Positions of regional medical co-ordinator have been created at the bureau chief level within the Division of Community Health Services.

Dr. Hamlet C. Pulley is the Regional Medical Co-ordinator for Region II (Central Valley). Dr. C. Henry Murphy, former Mendocino County Health Officer, has been appointed in the same position for Region I (coastal), and the position for Region III (southern) has not yet been filled.

The Bureau of Health Education, the Bureau of Public Health Nursing, and the new Bureau of Public Health Social Work (formerly Medical Social Service) have been transferred to the Division of Community Health Services.

A General Sanitation Section is established in the Office of the Chief, Division of Environmental Sanitation, with a senior sanitary engineer, Ralph L. Tarbett, and three consulting public health sanitarians, Warren C. Holm, George F. Moran, and Lester H. Hokom, who will give support to

## Western Branch, APHA Takes Stand On Special Health Problems

Public Health workers of the Western region took a stand on nine current public health issues at the annual meeting of the Western Branch, APHA in San Francisco in June, 1959. The following resolutions were adopted:

### Rehabilitation of the Disabled

\*\*\* *Be It Resolved*, That state and local health departments assume leadership for the further development of rehabilitation services for disabled adults; and

*Be It Resolved*, That the Western Branch of the American Public Health Association support the principle of federal aid to program for rehabilitation of disabled adults, and specifically call for provision in such legislation of state option as to choice of agency for administration of this program within each state.

### Cigarette Smoking

*Now Be It Therefore Resolved*, That the Western Branch of the American Public Health Association call upon state and local health departments as well as appropriate voluntary health agencies in the western region to undertake educational campaigns against cigarette smoking, particularly by young persons.

### Training

\*\*\* *Be It Resolved*, That the Western Branch of the American Public Health Association endorse federal legislation which would provide assistance to schools of public health, for public health traineeships, for public health nurse training, and grants-in-aid to the states for developing their own training programs; and call upon the legislative information committee to keep the affiliated societies within Western Branch informed about the progress of this legislation and recommend to the affiliated societies that they actively support this legislation; and call upon the American Public Health Association to express this point of view in testimony on the legislation.

the three regional co-ordinators in the field of general sanitation.

A new Division of Research has been established with Dr. Robert Dyar appointed chief.

Three new positions in the Division of Research have been created: Assistant Chief, Assistant to the Chief (Research Planning and Consultation), and Statistical Consultant. Examinations will be announced for these positions in the near future.

The name of Nutrition Service has been changed to the Bureau of Nutrition.

Dr. William Clark, Assistant Chief of the Division of Preventive Medical Services, has been designated acting chief of that division, since Dr. Dyar's assignment to his new position.

### Residence Requirements

\*\*\* *Be It Resolved*, That the Western Branch of the American Public Health Association calls for the elimination of residence requirements as a basis for receiving essential health services.

### Seat Belts

\*\*\* *Be It Resolved*, That the Western Branch of the American Public Health Association goes on record as endorsing the recommendations of the American Public Health Association, the United States Public Health Service, the National Safety Council, and the American Medical Association encouraging educational programs on the importance of installation and use of approved seat belts in motor vehicles.

*Be It Further Resolved*, That consideration be given to legislation requiring installation of seat belts in all motor vehicles sold to individuals and groups, public or private, and that this resolution be forwarded to state health officers in the western region for submission to their respective governors for implementation.

### Earmarked Federal Funds

\*\*\* *Be It Resolved*, That the Western Branch of the American Public Health Association call for the earmarking of increased federal funds for demonstration public health projects, as well as research and evaluation of both old and new services in public health.

### Radiation Health Services

\*\*\* *Be It Resolved*, That the Western Branch of the American Public Health Association declares that the protection of the public health against the adverse effects of radiation is a basic responsibility of public health departments; and

*Be It Further Resolved*, That the Western Branch of the American Public Health Association call for the allocation of federal grants-in-aid to the states for the development of radiation protection programs by state and local health departments.

### Health of the Aging

\*\*\* *Be It Resolved*, That the Western Branch of the American Public Health Association call upon state and local health departments and appropriate voluntary health agencies in the western states to develop programs to improve health of the aging, and to participate fully in state conferences on the aging during 1960.

### Migratory Labor

\*\*\* *Be It Resolved*, That the Western Branch of the American Public Health Association request the Western Conference of Governors to sponsor a Western Regional Conference on Migratory Labor with representation from all agencies concerned with the problem; and

*Be It Further Resolved*, That the Western Branch recommend the establishment of governor's advisory committees on migratory labor composed of individuals best informed about the field of health, housing, welfare, education, and employment; and

*Be It Further Resolved*, That the Western Branch request the American Public Health Association to ask the President and the Congress of the United States to provide adequate financing for the continuation and strengthening of federal services in the Department of Health, Education and Welfare directed to migratory workers and their families.

## Continuing Need for Polio Shots Shown by This Year's Data

Eighty-nine cases of paralytic polio have been reported in California during the period January 1st through July 4th, 1959 (first 26 weeks). This compares with 53 cases during the same period last year and 103 cases in 1957. The five-year median (1954-1958) is 298 cases. There had been no deaths reported by mid-July in 1959. There were six deaths in 1958 and eight in 1957 at this time.

Forty of the 89 reported cases have occurred in Los Angeles County and six or less cases have been reported from 18 other counties. There has been no grouping of cases thus far that would indicate an unusually high prevalence in any particular area.

Cases have occurred in all age groups and 64 percent of the patients had never received any Salk vaccine. Fifty percent of the cases are in persons under the age of 10 years and 27 percent are children under five years of age who have received no polio vaccine.

To date six local areas have conducted special surveys to obtain information for better direction of their poliomyelitis immunization programs and for use by the many community groups concerned. These surveys have been carried out by the Los Angeles, Long Beach, Pasadena, and Berkeley City Health Departments. Assistance and consultation has been provided by the State Department of Public Health. Other local health departments have made assessments of their situation without special surveys.

Although intensive immunization programs are being conducted in many communities throughout the State there is relatively little specific or detailed information on a state-wide basis concerning this phase of the polio prevention program. It is planned to canvass local health officers in the near future to obtain such information.

Of particular interest in this regard are plans which are being developed to provide, on a continuing basis, immunization for those individuals in the lower socio-economic segments of the population who apparently are most poorly protected and who make up the so-called "hard to reach group."

On July 1st an urgent request for help was received from the Los Angeles City Health Department stat-

## Dr. Karl F. Meyer Succeeded by Dr. Jack Ralph Audy

Dr. Jack Ralph Audy, British microbiologist, has been appointed to succeed Dr. Karl F. Meyer as Director of the University of California Medical School, George Williams Hooper Foundation for Medical Research.

Doctor Audy is an authority on tropical diseases including malaria, filariasis, and typhus. Since his release from the British Army in 1947 he has been chief of the scrub typhus unit at Kuala Lumpur, Malaya. Beside serving as director of the university's Hooper Foundation, Doctor Audy will hold the post of Professor of Tropical Medicine and Human Ecology.

Doctor Meyer, who has been director emeritus of the foundation since his official retirement five years ago, has won international recognition for his contributions to scientific research. He has made valuable contributions to the understanding of sylvatic plague, brucellosis, psittacosis, western equine encephalomyelitis, relapsing fever, mussel poisoning, leptospirosis, Q fever, and rabies. He is probably best known in California for his work on botulism because of its effect upon the canning industry.

In 1951 Doctor Meyer was given the annual Lasker Award for distinguished service in the field of public health. He is presently serving as a general consultant to the California State Department of Public Health, and also as a statutory member of the State Cannery Inspection Board. Doctor Meyer will continue his own research in the Hooper Building behind the U. C. Medical Center in San Francisco, and also plans to continue his occasional travels for the World Health Organization.

ing that an acute local shortage of polio vaccine was forcing curtailment of scheduled polio vaccination activities in that area. A check with manufacturers indicated that the demand for vaccine in California has been "tremendous" and that they are experiencing some difficulty in filling orders. However, the pharmaceutical company, which manufactures approximately 75 percent of the vaccine currently being produced in the U. S., was able to provide the vaccine needed in Los Angeles.

## Second Case of Plague Reported In California This Year

A 40-year-old Sonora man was treated recently in Sierra Hospital for bubonic plague. This is the second case of plague reported in California this year (see June 15th issue for account of previous case).

At the time of hospitalization the patient was reported to be recovering and his condition was described as good. When he became acutely ill he was taken to the hospital in Sonora, where a blood culture was taken and sent immediately to the California State Health Department Laboratory in Berkeley.

The physician, suspecting plague, promptly began treatment with antibiotics. The diagnosis was confirmed by the laboratory the following day.

It is not definitely known where the patient may have contracted the disease, although it is possible that he was bitten by a plague-infected flea while handling rodents he had killed when he was cleaning out a woodpile near his home.

Plague has long been endemic in California, and spread to humans occasionally occurs from the bite of plague-infected fleas which live on rodents. Rodent plague is widespread in the State, as has been demonstrated by laboratory tests in past years in 36 of the 58 counties. The occasional human case has been confined in recent years to instances of exposure to wild rodents.

In recent years the fatality rate has decreased sharply by the early use of antibiotics.

An 11-year-old Walnut Creek Boy Scout was recently treated successfully for plague, which he probably contracted from a flea bite while on a camping trip in the high Sierras near Yosemite National Park.

The recovery of the two patients is directly attributed to steps taken by alert physicians.

Two years ago an Oxnard man died of plague nine days after his apparent exposure to infected fleas while he was on an outing in Ventura County.

"It is an encouraging thought that, given the necessary money and enthusiasm, modern methods could eliminate tuberculosis from any community within a generation."—Sir Macfarlane Burnet, M.D., F.R.S., *The Natural History of Infectious Disease*, Second Edition, p. 303.



# REPORTED CASES OF SELECTED NOTIFIABLE DISEASES CALIFORNIA, MONTH OF JUNE, 1959

| Disease <sup>1</sup>                  | Cases reported<br>this month |       |       | Total cases<br>reported to date |        |        |
|---------------------------------------|------------------------------|-------|-------|---------------------------------|--------|--------|
|                                       | 1959                         | 1958  | 1957  | 1959                            | 1958   | 1957   |
| <b>Series A</b>                       |                              |       |       |                                 |        |        |
| Amebiasis                             | 54                           | 77    | 104   | 322                             | 759    | 920    |
| Coccidioidomycosis                    | 15                           | 25    | 13    | 127                             | 106    | 103    |
| Measles                               | 4,784                        | 5,762 | 5,029 | 35,953                          | 30,139 | 49,696 |
| Meningococcal infections              | 12                           | 12    | 8     | 120                             | 103    | 97     |
| Mumps                                 | 1,163                        | 1,657 | 1,921 | 8,358                           | 12,927 | 14,486 |
| Pertussis                             | 199                          | 390   | 228   | 1,218                           | 1,931  | 889    |
| Rheumatic fever                       | 9                            | 12    | 9     | 75                              | 78     | 79     |
| Salmonellosis                         | 78                           | 74    | 79    | 452                             | 403    | 465    |
| Shigellosis                           | 137                          | 126   | 186   | 749                             | 726    | 709    |
| Streptococcal infections, respiratory | 1,793                        | 1,331 | 574   | 12,755                          | 7,554  | 5,649  |
| Trachoma                              | —                            | 1     | —     | 21                              | 2      | 80     |
| <b>Series B</b>                       |                              |       |       |                                 |        |        |
| Chancroid                             | 4                            | 3     | 5     | 33                              | 40     | 36     |
| Conjunctivitis, acute newborn         | —                            | 2     | —     | 3                               | 11     | 2      |
| Gonococcal infections                 | 1,249                        | 1,398 | 1,144 | 7,915                           | 8,334  | 7,961  |
| Granuloma inguinale                   | —                            | 1     | —     | —                               | 5      | 3      |
| Lymphogranuloma venereum              | 2                            | 2     | 3     | 14                              | 19     | 14     |
| Syphilis, total                       | 605 <sup>a</sup>             | 442   | 560   | 3,408 <sup>b</sup>              | 3,190  | 3,094  |
| Primary and secondary                 | 100                          | 32    | 28    | 525                             | 223    | 224    |
| <b>Series C</b>                       |                              |       |       |                                 |        |        |
| Anthrax                               | —                            | —     | —     | —                               | —      | —      |
| Brucellosis                           | 1                            | 3     | 15    | 7                               | 17     | 27     |
| Diarrhea of the newborn               | 2                            | —     | 3     | 14                              | 16     | 15     |
| Diphtheria                            | —                            | —     | —     | 4                               | 5      | 4      |
| Encephalitis                          | 31                           | 48    | 54    | 191                             | 230    | 255    |
| Food poisoning (exclude botulism)     | 255                          | 65    | 367   | 880                             | 453    | 654    |
| Hepatitis, infectious                 | 187                          | 162   | 197   | 1,284                           | 1,033  | 1,036  |
| Hepatitis, serum                      | 14                           | 10    | 9     | 46                              | 54     | 52     |
| Leprosy                               | —                            | 1     | 1     | 7                               | 8      | 10     |
| Leptospirosis                         | —                            | —     | —     | 2                               | 2      | —      |
| Malaria                               | 4                            | 1     | 2     | 14                              | 8      | 11     |
| Meningitis, viral or aseptic          | 43                           | na    | na    | 201                             | na     | na     |
| Polio myelitis, total                 | 22                           | 25    | 46    | 96                              | 89     | 215    |
| Paralytic                             | 17                           | 15    | 15    | 81                              | 52     | 103    |
| Nonparalytic                          | 5                            | 10    | 31    | 15                              | 37     | 112    |
| Psittacosis                           | 1                            | 1     | 2     | 10                              | 13     | 18     |
| Q fever                               | 9                            | 9     | 10    | 16                              | 16     | 26     |
| Rabies, animal                        | 13                           | 24    | 21    | 53                              | 103    | 88     |
| Rabies, human                         | 1                            | —     | —     | 1                               | —      | 1      |
| Rocky Mountain spotted fever          | —                            | —     | —     | 1                               | —      | —      |
| Tetanus                               | 7                            | 6     | 1     | 23                              | 19     | 12     |
| Trichinosis                           | —                            | 1     | 1     | 2                               | 2      | 2      |
| Tularemia                             | —                            | —     | —     | —                               | 2      | 1      |
| Typhoid fever                         | 6                            | 5     | 5     | 36                              | 29     | 27     |
| Typhus fever (endemic)                | —                            | —     | —     | —                               | 1      | 1      |
| <b>Other<sup>2</sup></b>              |                              |       |       |                                 |        |        |
| Botulism                              | —                            | 1     | —     | 2                               | 1      | —      |
| Relapsing fever                       | —                            | —     | —     | —                               | —      | —      |
| Plague                                | 1                            | —     | —     | 1                               | —      | —      |
| <b>Series D</b>                       |                              |       |       |                                 |        |        |
| Epilepsy                              | 363                          | 337   | 285   | 2,081                           | 2,138  | 1,799  |
| Tuberculosis <sup>3</sup>             | —                            | —     | —     | 2,763                           | 3,200  | 3,280  |

<sup>1</sup> Diseases are grouped in Series A, B, C and D to simplify processing in the local health departments. The details of this classification are given in the "Handbook of Morbidity Reporting Procedures and Epidemiologic Follow-up for Local Health Departments—1958 Revision."

<sup>2</sup> These spaces will be used for any of the following rare diseases if reported: botulism, cholera, dengue, plague, relapsing fever, smallpox, typhus epidemic, yellow fever.

<sup>3</sup> Excludes 153 cases found positive by special serologic survey (Mexican National farm workers at Border Reception Center, El Centro.)

<sup>4</sup> Excludes 1,919 cases found positive by special serologic survey (Mexican National farm workers at Border Reception Center, El Centro.)

<sup>5</sup> Tuberculosis cases are corrected to exclude out-of-state residents and changes in diagnosis.

## Plastic Film Hazard to Infants Legislation Passed

(Continued from page 20)

22202. Any violation of this chapter is a misdemeanor.

SEC. 2. This act is an urgency measure necessary for the immediate preservation of the public peace, health or safety within the meaning of Article IV of the Constitution

and shall go into immediate effect. The facts constituting such necessity are:

During recent months many small children in California and other states have been suffocated by polyethylene plastic bags used by retail stores and establishments as containers and packages for products and articles delivered to purchasers and customers. In order that protection may be provided at the earliest possible time against further loss of life from these causes, it is necessary that this act go into immediate effect.

## BUREAU OF THE CENSUS RELEASES

Current Population Reports,  
Population Estimates, Series  
P-25:

Estimates of the Population of the San Francisco-Oakland and San Jose Standard Metropolitan Areas: July 1, 1956. (190)

Provisional Estimates of the Population of the United States January 1, 1950, to April 1, 1959. (200)

Projections of the School-Age Population, by States, 1959, to 1963. (201)

Provisional Estimates of the Population of the United States January 1, 1950, to May 1, 1959. (202)

Copies of these releases may be obtained from: Library, Bureau of Foreign and Domestic Commerce, 419 Customs Building, 555 Battery Street, San Francisco, California, or at Room 450, 1031 South Broadway, Los Angeles, California.

In ordering, specify series and number as shown in parentheses. These numbers are not population figures.

## POPULATION ESTIMATES OF CALIFORNIA CITIES

Department of Finance population estimates have been prepared for the following cities: *Alameda*: San Leandro; *Fresno*: Fresno; *Los Angeles*: Claremont, Compton, Covina, Hermosa Beach, Redondo Beach; *Marin*: Corte Madera; *Monterey*: Monterey; *Napa*: Napa; *Orange*: Anaheim, Buena Park, Costa Mesa; *Riverside*: Beaumont, Corona; *San Diego*: Chula Vista, San Diego; *San Joaquin*: Stockton; *San Mateo*: Belmont; *Santa Clara*: Los Gatos, Mountain View, Sunnyvale; *Solano*: Fairfield; *Stanislaus*: Oakdale; *Sutter*: Yuba City; *Tehama*: Corning.

Copies of these releases may be obtained from: Financial and Population Research Section, State of California Department of Finance, Sacramento, California.

## Public Health Positions

### California State

**Area Sanitarian:** Salary range, \$458 to \$556. Employment is with the State Department or Public Health for assignment to a local area without an organized health department which has contracted with the State for these services. Entrance requirements for the examination are possession of a valid California certificate of registration as a sanitarian (or eligibility for it), a year of residency in California just prior to the examination date, three years of full-time paid experience in a public health department. (Completion of one year of graduate study in public health may be substituted for one year of experience.) Examination will be given in such places in California as the numbers of candidates warrant and conditions permit. Final date for filing August 7; examination date, August 29. Application forms and further information are available from California State Personnel Board, Sacramento.

### Kings County

**Public Health Director:** Salary range, \$849 to \$1,017. Requires at least three years experience. M.P.H. preferred, but not mandatory. For further information contact Mrs. Evelyn Martin, 1221 West Lacey Boulevard, Hanford, California. Telephone: LU 6109 4-3331.

### San Diego County

**Psychiatric Social Worker:** Salary range, \$460 to \$507. To serve as a member of a clinical team in diagnosis and treatment of alcoholic patients. MSW required. Experience desirable, but not required. San Diego County Personnel, 403 Civic Center, San Diego, California.

### San Mateo County

**Public Health Nurse:** Salary range, \$351 to \$439. Appointments normally made at the second step. Bonus differential of one step given for assignment to surgical, communicable disease, or mental cases, plus \$3.50 a day when "on call," plus a \$20 differential for night work. Requires current California

## State's Influenza Experience For Spring 1959 Reviewed

The epidemic of influenza experienced in California this spring has waned. No specific localized outbreaks were reported to the department during June and the first week in July.

This year's epidemic began in January and peaked in March and April. The Asian (A-2) strain of the virus was most prevalent during February and March, whereas the Type B virus was more prevalent in April and May.

On the basis of the various surveillance indices (school and industrial absenteeism, laboratory data, reported deaths from pneumonia and influenza, etc.), it is estimated that there were approximately half as many cases of influenza in California this year as there were during the previous influenza outbreak which reached its peak in November, 1957, and continued into the spring of 1958; and which was part of the world-wide pandemic caused by the A-2 strain.

Information has been obtained by the department concerning 15 laboratory confirmed localized outbreaks of

RN certification. Apply to San Mateo County, Civil Service Commission, Courthouse, Redwood City, California. Telephone: EM erson 9-1441, Ext. 351.

### Shasta County

**Sanitarian:** Salary range, \$358 to \$436. Starting salary depends on qualifications and experience. Generalized environmental sanitation program. Requires California registration. Eight cents per mile car allowance. Apply to Donald R. Taves, M.D., Health Officer, Shasta County Health Department, Box 328, Redding, California.

influenza in nine counties during the recent epidemic. In six of these outbreaks the A-2 virus was identified and the Type B virus was identified in the other nine. Many other areas reported a high incidence of influenza, not laboratory confirmed, during March and April and a few schools were closed for brief periods due to extensive illness among the teaching staff and students.

Information was obtained concerning 11 deaths associated with influenza. These occurred in six counties. Five were in teenagers, four in elderly persons over age 60 years. The other two were in a 30-year-old woman and an 8-year-old girl. The diagnosis of influenza in these fatal cases was on a clinical basis, supported by autopsy findings in some instances, except for one patient in whom Type B influenza virus was indicated by laboratory study.

## UC School of Public Health Awarded Federal Aid

The University of California School of Public Health in Berkeley has been awarded federal aid amounting to \$51,300, the Public Health Service announced recently.

The funds will be used for additional training of professional public health personnel in methods for investigation and control of disease and the maintenance of a healthful physical, social, and mental environment.

The federal aid is designed to help schools of public health overcome the national deficit in trained health personnel.



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